**Birmingham Rights & Participation Service**

**Advocacy Referral form**

Rights & Participation provide advocacy to children and young people up to the age of 25, who are subject to Child Protection plans, who are children in care or care leavers. Advocacy is issue based so please specify what support is required

**Please send completed referral form to advocacy@birminghamchildrenstrust.co.uk**

**Young Person’s Details**

 Name: Age DOB: Enter here

 Gender: Choose an item. Legal Status: Other

 Parent/Carer: Click or tap here to enter text. Contact Number: Click or tap here to enter text.

 Young person’s Phone number: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 School: Click or tap here to enter text. Disability Click or tap here to enter text.

 Number:Click or tap here to enter text.

 Named contact person:

 Click or tap here to enter text. How this affects the young person:

 Professionals details:

 Social Worker:Click or tap here to enter text.

 Contact Number: Click or tap here to enter text.

 IRO/CPO: Click or tap here to enter text.

 Contact Number: Click or tap here to enter text. Who is making this referral?

 FGC Coordinator: Click or tap here to enter text. Name: Click or tap here to enter text.

 Contact Number: Click or tap here to enter text. Contact Number: Click or tap here to enter text.

 Health Professional: Click or tap here to enter text. Relationship to Young Person:

 Contact number: Click or tap here to enter text. Click or tap here to enter text.

**OFFICE USE ONLY** Date of referral: Click or tap here to enter text.

Allocated Advocate: Click or tap here to enter text. Date Allocated: Click or tap here to enter text.

**Please specify the support the young person requires below:**

**Issue Type: Other**

**If Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe the issue in detail below:**